T-333 P0009/0014 F-942 PRINTED: 17/08/2017 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	(X2) MULTIPLE CONSTRUCTION A BUILDING; B. WING		(X3) DATE SURVEY COMPLETED	
		TN9008	B. WING_			•	
NAME OF	PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY,	. STATE, ZIP CODE			
AKEBR	RIDGE, A WATERS CO	IMPROPERMITAL FALLS	NOODLAWN DR NSON CITY, TN		<u>.</u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS REFERENCED TO THE APP DEFICIENCY)	CONPL). ETE E	
N 000	Initial Comments		N 000	1 22			
	through 10/25/17 a Community, LLC. I	r was conducted on 10/23/1 It Lakebridge, A Waters No health deficiencies were ar 1200-08-06, Standards F					
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